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A CASE OF SUICIDE

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SUMMARY

Problem

Reports of suicide generally have common themes of rejection and helplessness. When the co-workers, friends, acquaintances and family are interviewed, they are dismayed because no one identified the extent of the emotional turmoil of the deceased.

Objective

The purpose of this paper was to examine one case of suicide in detail in order to identify common risk factors involved as well as more subtle warning signs that might indicate a need for intervention in similar circumstances.

Approach

Judge Advocate General investigative reports were reviewed and psychological autopsies were done on a number of the cases. This particular case was chosen because it represents a typical scenario and at the same time provides clues and warning signs of suicidal intent which are subtle in nature.

Results

Suicidal intention is a health problem that cannot be handled by self-awareness and individual responsibility alone. It requires social awareness and social responsibility.

Conclusions

There are times and circumstances when we must get involved and take action on another person's behalf. One does not need to be a trained clinician to make a commitment to action.

Recommendations

All members of the military community have the responsibility to sensitize themselves to the warning signs of emotional turmoil and make a commitment to respond to those signs.

INTRODUCTION

This is an analysis of a case history from a Judge Advocate General investigation of a Navy man who ended his own life. He was 19 years old. His story was chosen not because it reveals anything new about the nature of suicide, but rather to indicate that the warning signs of a suicidal event can be both obvious and subtle.

The Naval Health Research Center receives Judge Advocate General (JAG) investigative reports on suicide. The JAG is tasked with convening a board to conduct an investigation "in any case in which the death of a member of the naval service occurred other than from natural causes, and particularly all apparent suicides. In all cases of suicide or attempted suicide, all possible evidence bearing on the mental condition of the deceased or injured person shall be obtained. This will include all available evidence as to his social background, his actions and moods immediately prior to the suicide or the suicide attempt, any troubles which might have motivated the incident, and any pertinent examination or counseling by specially experienced persons" (1).

It is the opinion of the authors, after reviewing many such investigations, that this is a typical case history in the sense that a number of behavioral cues were present but ignored. Names, dates, and places are interchangeable in many reports. The most striking similarity in all the reports is that the indicators of trouble are fairly evident, but they do not always point to suicide.

Emotional turmoil and personal problems are obvious in this case, but the people around this man did not get involved. Did friends and co-workers feel that they should let this person "work things out?" Did they believe that the behavior disturbances were not serious? Perhaps an examination of this specific case can help us recognize some of the more subtle clues along with the obvious.

Studies of suicidal behavior often rely on statistics, incidence rates, and correlations, but these indicators necessarily depend upon the experiences of many individuals. This approach aims to understand the general causes of suicidal behavior. Statistics, although important, do not speak of the individual man or woman or tell of his or her pain; they do not offer clues as to when or how to intervene.

The impetus of this paper is to discuss a suicide in sufficient detail to identify significant danger signals, both obvious and subtle, and to emphasize the importance of intervention before it is too late. Naturally, the reader will feel reluctant to step into another person's life and become involved in his or her personal problems, but it is important to remember that a person contemplating suicide has generally become emotionally isolated from others and usually cannot ask for help directly.

There is no easy checklist that will identify disturbed, suicidal persons 100% of the time. Rather there is an extensive list of danger signs, all of which might apply to one individual, while only a few might apply to another person. There are almost as many different clues to the intentions of a suicidal person as there are facets of personality (2); however, the underlying assumption of this paper is that although these clues may be varied and some of them subtle, acute suicidal intentions can be recognized and preventive actions can be taken. There may be a few persons who do not reveal their intentions, but the majority of individuals are obvious about their suicidal intentions.

CASE HISTORY

A 19-year old hospital corpsman with approximately one year of Naval service shot himself in the head during a party at his apartment. He was in his bedroom alone. Friends stated that it was not unusual for him to go to his bedroom to be alone. He had made a statement recently to one of his friends, "If I had the guts, I'd kill myself." Just four days before his death he had bought some guns and had told his friends about the purchases.

The friends at the party said he had been drinking steadily that day. He didn't seem drunk. He was friendly and talking to everyone. He was his "usual self." He confided to one friend at the party, however, that he felt he wasn't treated fairly at work and that certain people were "out to get him."

A few days before the party he had been removed from duty on his ward. The Commanding Officer's memorandum stated that he was removed due to lack of "maturity and judgment required of a person in his rate. He should not work in patient contact areas. His behavior clearly indicated an inherent immature personality disorder which neither requires nor would be expected to benefit from psychiatric treatment." Another superior officer wrote of the deceased that he achieved average performance in the areas of nursing service orientation and ward orientation, but he had "consistent and minor problems both on and off duty. These incidents included misuse of the chain of command, starting rumors, numerous off-duty accidents apparently involving alcohol use, abuse of the medical appointment system, fighting, misrepresentation of his rate and title, and mismanagement of ward security keys."

His friends saw him differently. One said he "was a very nice, gentle person to be around." Another said he "was always saying 'Hi' to everyone. A very (well) liked person." And another said "to me (he) was a very outspoken person. Was easy to get along with. Didn't seem to have any enemies." And finally, a friend said, "in my opinion he was one of the best corpsmen on the ward itself."

Nevertheless, his Commanding Officer's memorandum stated that during the two months that the victim had been on the ward, "he has required continued counseling by the Charge Nurse in regards to his conduct and performance. He has created discord among other staff members ..." There were sworn statements included in this investigation that verified the Commanding Officer's concern about the lack of professionalism of the deceased. Four of the statements noted that the victim expressed a negative personal opinion about the quality of therapy given the patients. Moreover, his negative opinion was expressed in front of the patients, and the patients heard his remarks.

It was also noted in the investigation that he was under a "great deal of pressure from the irate parents" of a 17-year old girl whom he was suspected of getting pregnant. Little more of this issue was examined in the course of the investigation, however.

DISCUSSION

Why did this young man kill himself? Could his death have been prevented by the people who knew him, who saw him every day at work, who noted his on-the-job immaturity, and who spent their time off-duty with him?

It's improbable that anyone can give definitive answers to these questions, but we can begin by looking at specific behaviors that typically reveal suicidal intentions. Some of the major signs of emotional perturbation are depression, alcohol/drug abuse, feeling helpless, intense

anger and hostility, loneliness, feeling worthless, and an inability to communicate and ask for help. Did this man show any or all of these signs?

1) Depression

Did he give signs or clues as to his inner turmoil? Yes. One clue would be drinking steadily all day as reported by friends. He may have been relying on the effects of alcohol to relieve such feelings as depression, anxiety, hostility, and inferiority, all of which can reflect underlying patterns of insecurity, rage, and guilt which often go unrecognized. Alcohol abuse can become a conditioned (reflexive) response to discomfort (3). He had mentioned that he got drunk because it was so depressing working on the ward, and he didn't see the ward as being therapeutic. It is possible that he was using alcohol as an emotional pain killer.

2) Helplessness

Another obvious clue was a recent statement to one of his friends: "If I had the guts, I'd kill myself." He was fearful about the pregnancy and possible prosecution for statutory rape. He was under the impression that he was going to be court-martialed. He had been relieved of duty. All of these may be considered very stressful life events (4), and he felt that there was nothing he could do to change them short of removing himself entirely from their grasp.

3) Loneliness

He invited friends to a party at the apartment he shared with two other sailors. He confidentially told one of those friends that he was in trouble at work and thought he was being treated unfairly; he believed certain people were "out to get him." But he said "that was okay" because he was "going to make them pay." He invited another friend to his room, but she declined, thinking "he seemed pretty drunk"; he went to his room alone. There he shot and killed himself. Was he making the "certain people" at work pay for "kicking him" off the ward and rejecting him? The answer to this question is not as important as the fact that he said he was "going to make them pay." When this quote is taken into consideration along with the other clues it carries more weight in assessing the suicidality of the victim (4). It is one of the more subtle clues until evaluated retrospectively.

4) Worthlessness

This man knew he was not performing up to expectations at work. His unacceptable performance had been made clear to him when he was relieved of duty on his ward three days prior to his death. He was suffering emotional and psychological pain. His negative opinion about the treatment of patients might have been a reflection of his own feeling of not getting treatment, not getting love (5).

5) Immaturity

He had a documented "immature personality disorder." These individuals are characterized as showing impulsive behavior, poor judgment, an inability to see the consequences of their own actions, and conflicts with authority figures (6).

His Commanding Officer had noticed that he was having trouble on the job. He had counseled him two weeks previous to his death about his lack of professionalism and his alcohol use. The deceased was given a verbal order to attend the Navy Alcohol Safety Action program. This sailor was given the standard treatment of "shape up or ship out." The Commanding Officer, as well as the Leading Petty Officer, reacted to this man's misconduct in the prescribed manner of coun-

selling, suggestions, and ultimatums for improvement but nowhere in the report does it document that they tried, personally, to understand his emotional turmoil. The Commanding Officer said the man minimized his alcohol usage and any problems related to it. It could be, however, that this 19-year old didn't have the maturity or the insight to admit that his life was out of control.

SUMMARY

In summary, we offer a fictional example of the general response (but not everyone's response) to what appears, at first glance, to be a minor crisis in someone's life. Maybe this 19-year old's emotional state and the responses it evoked can be likened to an analogy of a fictional note found on a fictional kitchen table:

"I loved you. I did the best I could. It was never enough! Goodbye. Just remember I love you. I'll always love you."

If you were to encounter someone writing such a note, you might be curious enough to ask about it. If it were a teenager you knew, you might suspect that he/she had just broken up with a girl/boy friend. You might ask what had happened and if everything was okay. Or you might think that it's better not to say anything, that he/she will get over it; as it stands, the note is innocuous. If you saw it lying on the kitchen table, unattended, you probably wouldn't think much of it. But, if you found it after a self-inflicted death, even without the signature of the deceased, it becomes a suicide note. A note that is filled with pain, anger, and hostility--a cry for love and acceptance. For instance, "I loved you" within the context of the note, implies: But you didn't love me back. "I did the best I could. It was never enough!", implies: I could never satisfy you, no matter what I did (7).

Other people's lives may be like this fictional note. You look at it, you may even read it thoughtfully, but you take no action unless you perceive an extreme risk.

Supervisors, co-workers, and good friends knew that this man was having trouble in major areas of his life--his work, his social life, and his personal life. But the tendency to stay out of other people's personal lives is strong. It takes courage and time to get involved in someone else's life. We all are selective in the extent to which we are willing to do so. Awareness of the signs and risk factors associated with extreme risk is a form of preventive medicine, but one which must be practiced by family, friends, and command personnel. Suicidal intentions is a health problem that cannot be handled by self-awareness and individual responsibility alone. It requires social awareness and social responsibility. There are times and circumstances when we must take a chance in our assessment of what is best for another person.

In the case of this young man, there were at least five obvious danger signals related to his personal turmoil:

- 1) His statement: "If I had the guts, I'd kill myself";
- 2) He said that he drank every day to get drunk because "the work on the ward was so depressing" and he didn't think it was therapeutic;
- 3) He had been drinking steadily during the day of his death;
- 4) He had been counseled about his behavior on and off duty but continued his poor performance to the point of being relieved of duty;
- 5) The purchase of guns, even though in itself may have meant nothing, gave him the means to end his life.

His remarks that he thought he was being "treated unfairly" at work and felt that "certain people were out to get him" but he "would make them pay" were more subtle clues that after-the-fact take on a sinister meaning.

At any of these five danger signals intervention could have been started. Most importantly, it should have started when the remark was made: "If I had the guts, I'd kill myself." This is a serious statement even when said jokingly and should not be shrugged off as if not meant. Some questioning of the individual about this remark should have taken place. A senior staff member should have been notified that serious trouble might be brewing for this individual and a clinical evaluation done to try to determine the seriousness of the remark. Not all people making such a statement try to kill themselves, but such words should never be disregarded.

Other signs of emotional upset that turn up repeatedly in JAG investigation reports, and general risk factors that we should be alert to, are:

- 1) When a person's behavior changes to sad or quiet or depressed if that person generally doesn't act that way.
- 2) When eating habits change enough to show a significant weight difference.
- 3) When there are many sleepless nights or too much sleeping.
- 4) When thoughts or references to death become prominent in the individual's conversations.
- 5) When there is a loss of interest or pleasure in all or almost all usual activities or pastimes.

It should be remembered that the above signs are general risk factors. Because someone displays these forms of behavior, it is not inevitable that he or she will commit suicide. However, the presence of one or more of these signs increases the likelihood. The key to reducing the incidence of suicide is to:

- 1) recognize the warning signs;
- 2) make a commitment to respond to those signs; and
- 3) improve our ability to respond effectively to suicidal behavior on the basis of those signs. One does not need to be a trained clinician to make a commitment to action.

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19 ABSTRACT (Continue on reverse if necessary and identify by block number) This paper is a report of a particular suicide that had common themes of rejection and helplessness but at the same time had subtle features so that no one, including medical professionals, saw it coming. This special case is used as a basis to discuss broader aspects of suicide risks and to retrospectively look at points where interventions might take place in a set of similar circumstances.				
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